



Resort Determination

Section 1 – General Information

Name of Applicant(s) _____
(Resort Area Developer or Landowner)

Federal Employer Identification Number -

Business Name _____

Name of Person Managing the Business _____

Daytime Telephone _____ Fax _____

Cell Phone _____ Email Address _____

Legal Description of the Resort Area Plat _____

Mailing Address _____
(Address, City, State and Zip Code)

Section 2 – Type of Transaction and Fees

☐ Resort Determination

☐ Processing Fee (\$500) \$ 500

Total Amount Enclosed \$ 500 Payable to *DOR Liquor Licensing*

Section 3 – Questions

1. Is the resort area verification designating the location of all recreational facilities, showing the boundaries and indicating the total number of acres attached to this application?
☐ Yes
☐ No
2. Is any part of the resort area within the boundaries of an incorporated city or town?
☐ Yes
☐ No
3. Does the resort have at least 50 acres of land that does not include any land that lies wholly within the boundaries of any other quota area as described in 16-4-201(1), MCA?
☐ Yes
☐ No
4. Is the current actual valuation of the resort area or recreational facilities, including land and improvements, not less than \$500,000, at least half of which valuation must be for a structure or structures within the resort area?
☐ Yes
☐ No
5. Is a current Valuation Certificate completed by a licensed appraiser attached to this application?
☐ Yes
☐ No
6. Is the resort area under the sole ownership or control of one person or entity at the time of the filing of the resort area plat?
☐ Yes
☐ No
7. Are the financial statements of the resort developer and all known operators of the proposed establishments within the resort area including, but not limited to purchase/lease agreements or permits and all associated documents attached to this application?
☐ Yes
☐ No
8. Does the resort area contain a minimum of 100 overnight guest accommodation units, each unit capable of being separately locked by the occupants and containing sleeping, bath and toilet facilities?
☐ Yes
☐ No

Section 4 – Corporate Statement

All entities, except sole proprietorships, must provide the following information for all shareholders, members or partners. (Attach additional pages if necessary.)

Please Print

1	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
2	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
3	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
4	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership

Officers and Directors (Use additional sheet of paper if necessary.)

1	Officer or Director Name	SSN (optional)
	Address	
	Date of Birth (optional)	Title
2	Officer or Director Name	SSN (optional)
	Address	
	Date of Birth (optional)	Title
3	Officer or Director Name	SSN (optional)
	Address	
	Date of Birth (optional)	Title
4	Officer or Director Name	SSN (optional)
	Address	
	Date of Birth (optional)	Title

The following information and documents must be included with your application.

- Resort area plat verification designating the location of all recreational facilities, showing the boundaries and indicating the total number of acres
- Bank signature card for the owning entity
- Valuation Certificate completed by a licensed appraiser
- Financial statements of the resort developer and all known operators of the proposed establishments within the resort area
- Letter from the resort developer stating the control over the resort area lies with one person or entity only and giving the overall plan for the resort and its development
- Federal Employer Identification Number (FEIN) as filed with the Internal Revenue Service (IRS) (you can apply for an FEIN on the IRS website at <http://www.irs.gov/> by clicking on the link under Online Services)
- Articles of Incorporation issued by the Secretary of State's office

Section 5 – Declaration and Affidavit

I declare under penalty of false swearing that I am the applicant or the duly authorized representative of the entity making this application, and that the responses provided, including any accompanying information, are true, correct and complete.

_____ Signature	_____ Date	_____ Printed Name	_____ Title
_____ Signature	_____ Date	_____ Printed Name	_____ Title
_____ Signature	_____ Date	_____ Printed Name	_____ Title

Mail completed application and all required and applicable documents to:

Montana Department of Revenue
Liquor Control Division
PO Box 1712
Helena, MT 59624-1712

Questions? Call us toll free at 1-866-859-2254 (in Helena, 444-6900), or fax (406) 444-0722.